



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION		
Name		Member of:	
Thomas Savie Mailing address 60 Applesate L	House	☐ Senate	
Mailing address	NAME Floring Commence of the C	District	
66 Applesale L	M	90	
City, zip code	Phone	OVP (Elizabeta confidence concentration and enterprise proper of participation in the Laboratory	
Uilton	645-3	420	
PART 1. INCOME	DERIVED FROM EMPLOYME	NT BY ANOTHER	
List the name and address of each employ	er from whom you received cor	mpensation of \$1,000 or m	ore.' Specify th
principal type of economic activity of each em	ployer.		
Name of Employer	Address	Principal 1 ; Activity	rpe of Economic of Employer
verso Paper	20 Rly Rd J	as ME Paper	makiz
Un. of maine Farmington	main street	ne Ro Profe	5500
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	OME DERIVED FROM SELF-EN Legislators who are self-employ		THE RESERVE THE PROPERTY OF TH
 A. List the name and address of your busing derived income. If associated with a partner pareas of economic activity of that entity. 	ness, if any, and list the major ship, firm, professional associat	areas of economic activity tion, or similar business en	r from which you tity, list the majo
Name and Address of Business Entity	Major Areas of Econo (self)	omic Activity (partnership, a	as of Economic Activity association or similar ness entity)
Name:			
Address:	•		
Jame:	the state of the s		•
		•	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whichever is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity of the entity or person from whom the income was derived.
Principal Type of Economic Name and Address of Source Activity of Entity or Person Who is the Source of the Income
Name:
Address:
Name:
Address:
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.
Name and Address of Firm Major Areas of Practice Major Areas of Practice (firm)
Name:
Address:
Name:
Address:
PART 4. OTHER SOURCES OF INCOME List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.
None
Name and Address of Source (investments, leases, etc.)
Name:
Address:
Name:
Address:
PART 5. REPORTABLE LIABILITIES List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the majo areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box
□ None
Name and Address of Creditor Principal Type of Economic Activity of Creditor
Name:
Address:
Name:
Address:
PART 6, REPORTABLE GIFTS
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source. I none, check the box
None
Name of Source of Gift 1. Name of Source of Gift 3.
2.

Security and the second of the	BLE HONO	RARIA	
List the source of any honoraria accepted for appearances or speech	es related to	our offic	cial duties. If none, check the box.
☐ None	TVANSMINORMAN A MENEROLOGY V Sources	······································	
Name of Source of Honoraria		- Na	me of Source of Honoraria
1.	3.		
2.	4.		
PART 8. REPRESENTATION I	BEFORE ST	ATE A	GENCIES
List each executive branch agency before which you represented or the box.	· · · · · · · · · · · · · · · · · · ·		TOWN THESE DESCRIPTIONS OF SHAPE TO A SECTION OF STATE OF THE
None		Million Zamone and make the property of the pr	
Name of Agency			Name of Agency
1. DEP	3.		The state of the s
2.	4.		The State of the S
PART 9. BUSINESS WIT	TH STATE A	GENCI	ES
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.	immediate fa	mily solo	goods or services with a value in excess of
None) ()	Participal of Administration of the Administ	:
Name of Agency	44951		Name of Agency
1.	3.		
2.	4		n. de namen de en
PART 10. INCOME RECEIVED BY M	EMBERS O	FIMME	DIATE FAMILY
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1,000 o	r more r	eceived by your spouse or dependent child
Type of Economic Activity Representing Source of Income Receive	Cir ed appro	priate	Kind of lincome
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2.	S	D D	Palament of the state of the st
3.		.marin	
	S	D	
3.	S S	D D	
3. 4. SIGNAT A Legislator who willfully fails to file a required statement is subject to the statement of	S S S	D D	per business day until the report is filed.
3. 4. SIGNAT A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the	S S S ect to a fine	D D of \$10	
3. 4. SIGNAT A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the	S S S ect to a fine The Commission Attorney Ger	D D of \$10 on conclueral.	udes that it appears that a Legislator has
3. 4. SIGNAT A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the	S S S ect to a fine Attorney Gel of file a require	D D of \$10 on conclueral. d staten	udes that it appears that a Legislator has nent or has willfully filed a false statement;
3. A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A) The intentional filing of a false statement is a Class E crime. If the willfully filed a false statement, it shall refer its findings of fact to the lift the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest or question in committee or in either branch of the Legislature, and	S S S ect to a fine Attorney Gel of file a require	D D of \$10 on conclueral. d staten	udes that it appears that a Legislator has nent or has willfully filed a false statement;

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